

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/550036

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS